## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10813824

CLAIMS AS FILED - PART I								ALL E	NTITY		OTHE	DTUAN
			(Colum	(Column 1)		(Column 2)		TYPE		OF	OTHER THAI OR SMALL ENTIT	
TOTAL CLAIMS			12	12				ATE	FEE		RATE	FEE
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		SIC FE	385.0	0 OF	BASIC FE	E 770.00
Ţ	OTAL CHARGE	EABLE CLAIMS	12 m	1 之 minus 20= *			×	S <sub>.</sub> 9=		OF	X\$18=	
INDEPENDENT CLAIMS			) minus 3 = *				×	43=		OF	X86=	
М	ULTIPLE DEPE	ENDENT CLAIM I	PRESENT	RESENT			+1	45=	1	OF		
*	If the differenc	e in column 1 is	s less than z	less than zero, enter "0" in column 2				TAL	331	OF	`	
CLAIMS AS AMENDED - PAR									00.	יים בי		THAN
_		(Column 1)		(Column 2) (Column 3)				IALL	ENTITY	OR		ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA	R/	\TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	XS	9=		OR	X\$18=	
	Independent	*	Minus .	DENDENT.		=	X4	3=	·	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
								OTAL	<del></del>	OR	TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	ADDIT	. FEE L			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	NA.		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***		= .	X4:	3=	<u>.                                    </u>	OR	X86=	
	FIRST PRESE	NTATION OF ML	JLTIPLE DEP	ENDENT C	CLAIM							·
							+14		•	OR	+290=	•
						•	ADDIT.	FEE		OR	TOTAL ADDIT. FEE	·
		(Column 1)	-	(Column		(Column 3)		•				·
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	RAT		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	<b>±</b>	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	<u> </u>	Minus	***		= .	X43				X86=	-
	FIRST PRESE				OR	700=						
• If	the entry in colum	+145			OR	+290=						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. F											TOTAL DDIT. FEE	
T	he *Highest Numi	ber Previously Paid	For" (Total or	Independent)	is the h	ighest number (	ound in th	e appro	priate box	in colu	mn 1.	